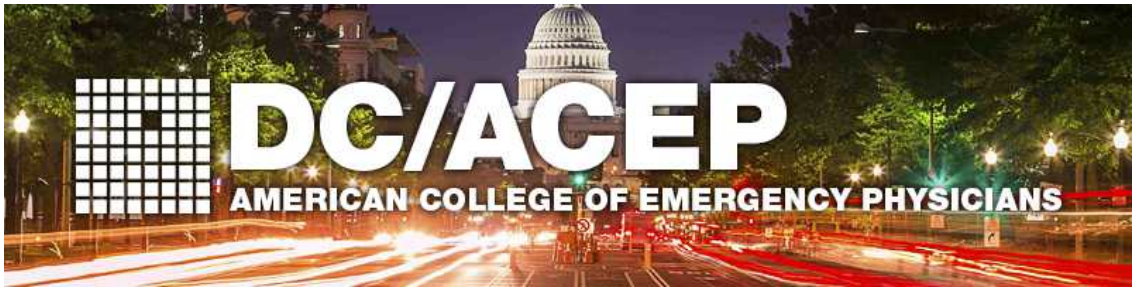
A Newsletter for the Members of the District of Columbia ACEP Chapter



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President

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From the President
Natalie Kirilichin, MD, MPH

Hello DC ACEP members and Happy New Year! I hope the Holiday Season brought each of you some rest, relaxation, and quality time with loved ones.

In this newsletter, you will find contributions from our diverse membership. I'm also excited to share a number of exciting education and advocacy opportunities in the upcoming weeks and months. Before setting sights forward, I'd like to take a moment to provide a few updates on recent events.

Our chapter was well represented at ***ACEP18*** held in San Diego, CA in October. Many thanks to our dedicated Councillors and Alternates who carefully considered and voted on a record number of resolutions and candidates:

- Rita A. Manfredi-Shutler MD, FACEP
- Jessica Galarraga, MD, MPH
- Natasha N. Powell, MD, MPH
- Danya Khoujah, MBBS, FACEP
- Leah E. Steckler, MD
- Aisha T. Liferidge, MD, MPH, FACEP

During the meeting, many distinguished DC Chapter members were recognized in the form of awards:

Medical Student Professional and Service Award: Michael McMullen - George Washington University School of Medicine and Health Sciences

Medical Student Health Policy Elective: Cara Buchanan - George Washington University School of Medicine and Health Sciences

Champion of Diversity & Inclusion Award: Past President and Board Member, Aisha T. Liferidge, MD, MPH, FACEP.

EMF Early Career Research Development Grant: Jessica Galarraga, MD, MPH and President-Elect of the DC Chapter for her research project, "Impact of Global Budgeting & Pay-for-Performance Incentives on Emergency Care Delivery".

DC ACEP also hosted a well-attended reception in collaboration with the Maryland and Virginia chapters. The event continued to foster collaborations and honored Maryland Chapter Past President and 16-year active member, Dr. William Jaquis, who was elected President-Elect of ACEP at large. Many thanks to all who attended!

Continuing the theme of collaborative partnerships, I am pleased to announce that VACEP has invited our chapter to join its 2019 Annual CME Conference February 22-24, 2019 at the Omni Homestead Resort. Each year, the conference boasts quality programming and a fantastic escape from the city. VACEP leadership has generously offered us Virginia Chapter rates. Please feel encouraged to attend and bring your family!

Additionally, leadership from Georgetown University/MedStar Health, George Washington University, and the University of Maryland invite you to the next **Baltimore Washington Transforming Health Policy Forum**. Our upcoming forum discussion will be on **Immigrant Health Care** on **January 10th** at **6:00pm**, which is being hosted at Georgetown University. There will also be a **Health Policy Networking Social** at **5:30pm**. Food and beverages, including wine, will be provided. We look forward to seeing you there! Please RSVP by clicking **here**.

At the national level, your leadership has been working closely with ACEP's Public Affairs Office to make sure your voices are heard. Most proximately, we have an opportunity to assist ACEP's Director of Regulatory Affairs, Jeffery Davis, in informing The Food and Drug Administration (FDA) about ways in which drug shortages are impacting emergency care. The FDA held a public meeting entitled ''Identifying the Root Causes of Drug Shortages and Finding Enduring Solutions,'' and is now seeking commentary on the issue. The purpose is to give stakeholders, including health care providers, the opportunity to provide input on the underlying systemic causes of drug shortages, and make recommendations for actions to prevent or mitigate them. After receiving your input, a task force will provide a report to Congress. ACEP is drafting a response and Jeffery Davis is eager to include your reflections. Please share any information,

research, or analysis on how drug shortages are impacting you and your patients by January 8th as commentary is due January 11th. Antidotes and personal stories are particularly appreciated. Please send any information directly to **Jeffrey Davis**.

Please stay tuned for additional member benefits and announcements and thank you for your continued membership.

GW MFA Emergency Medicine Medical Reserve Corp Response to Senior Apartment Building Fire
Natasha N. Powell, MD, MPH, FACEP

On Wednesday September 19, 2018, a devastating fire ignited within the Arthur Capper Senior Public Housing Complex in Southeast, DC, threatening the lives of the nearly 200 elderly residents. The community responded as the District's firefighters, Marines from the nearby 8th & I Barracks, and bystanders from Navy Yard rushed to the scene to rescue their neighbors and provide immediate care. Their initial efforts prevented this devastation from being even more catastrophic. Of the nearly 200 Arthur Capper residents displaced by the fire, four people required immediate transport to the hospital and the remaining individuals were taken to the King Greenleaf Recreation Center in Southwest, DC for assessment and placement.

The DC Department of Human Services (DHS) in conjunction with the American Red Cross quickly set up the Greenleaf Recreation Center as a triage, placement and sheltering location but had limited medical assets. The DC Department of Health (DOH) was brought in to ensure city wide medical coordination. DC DOH worked with the displaced residents to shelter them with their families, however, over 60 residents remained at the King Greenleaf Recreation Center. Many of these residents were medically fragile individuals with numerous co-morbidities, ADL and mobility needs along with lost medications, oxygen and medical devices.

The DC Department of Health declared a public health emergency and activated the George Washington (GW) Medical Faculty Associate's (MFA) Medical Reserve Corp (MRC). The GW MFA MRC is a group of over 320 medical professionals ranging from medical and nursing students to a spectrum of EMS providers to emergency medicine nurses, advanced practitioners and physicians. A tailored activation was sent out to all the MRC's emergency physicians, PAs, NPs and nurses. Within minutes of the request, two emergency medicine attending physicians, four emergency medicine residents, one PA, three nurses and three medics responded to the incident.

The MRC divided the population into geographic regions and began conducting medical screening assessments. In approximately 30 minutes, the population was medically screened, and the GW providers conducted a medical rounding session with the DC Department of Health leadership. Each DC resident was identified and screened, which included their medical history,

pertinent medical conditions, medications and functional needs. The discussion identified three placement options; 1) residents able to be placed in a hotel on their own or with an aid, 2) residents who could remain at the general shelter and 3) residents whose medical needs required a hospital until stable enough to be placed temporarily into a nursing home.

Prior to the GW MFA MRC's arrival, the plan was to hospitalize the majority of the displaced residents at local hospitals which were already at capacity. The city needed a group of medical providers and nurses who could quickly recognize sick vs. stable, triage a medical fragile community and make recommendations on the level of care needed. The utilization of an emergency medicine-based response team delivered this capability in a rapid fashion. The skill set of an emergency provider is ideal to provide this level of unique response and resulted in only three hospital transports. Additionally, residents were identified who were at risk of becoming unstable and a monitoring plan was implemented to ensure their safety until they could be placed in a long-term care facility the next day. This model was successful and will hopefully lead to emergency provider-based responses in the future.

In collaboration with: Drew Maurano PA-C and Timur Alptunaer, MD

Medical Student Corner

A Note on Gun Violence

Charlie Hartley and Kime McClintock
MSII MD Candidates
George Washington University

"...decisions are not made after randomized control trials demonstrate superiority of one intervention over another. Rather, evidence-informed policies are created when the evidence for action outweighs the evidence for inaction." - **Dr. Kyle Fischer, MD, MPH**

There have been too many quiet afternoons in the library, our heads bent steadfast over some pathway in the body's biochemical lattice, when the collective focus is shattered by news of a mass shooting. Books are set aside for phones—a flurry of texts are sent to friends who might have been impacted. We gather to murmur disbelief and shake our heads. We are bombarded by visuals of ambulances barreling towards awaiting ERs and blood left behind on pavement or, too often, backpacks. A rush of cortisol sweeps aside the web of receptors and signaling molecules that had been diligently assembled over the course of the morning. Brief moments of mourning are punctuated by sighs of resignation; we turn back to collect our thoughts, resume our studies, and for some, suppress personal memories of loved ones lost to firearms.

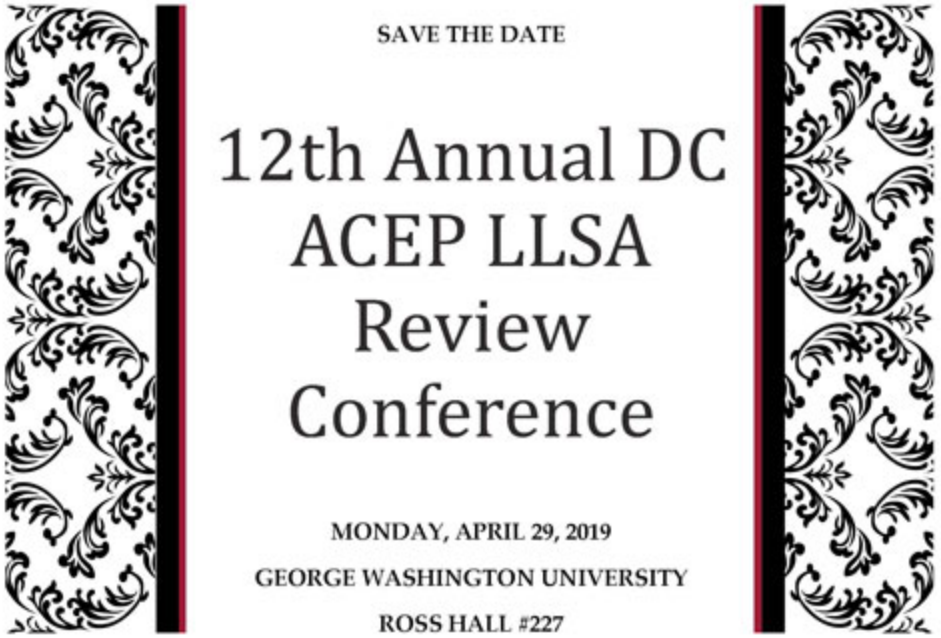
We are a generation of medical students training during a time of prominent domestic firearm violence. Witnessing the trauma of others has spawned a collective feeling of helplessness,

guilt, and anger; the perception that nothing will change serves to compound our sense of disillusionment. Yet when we look for solutions in public discourse, there appears to be a perpetual Gordian knot of rhetoric and politics that stifles meaningful efforts for violence prevention. Our curriculum is almost completely silent. As such, we have decided to take the matter into our own hands.

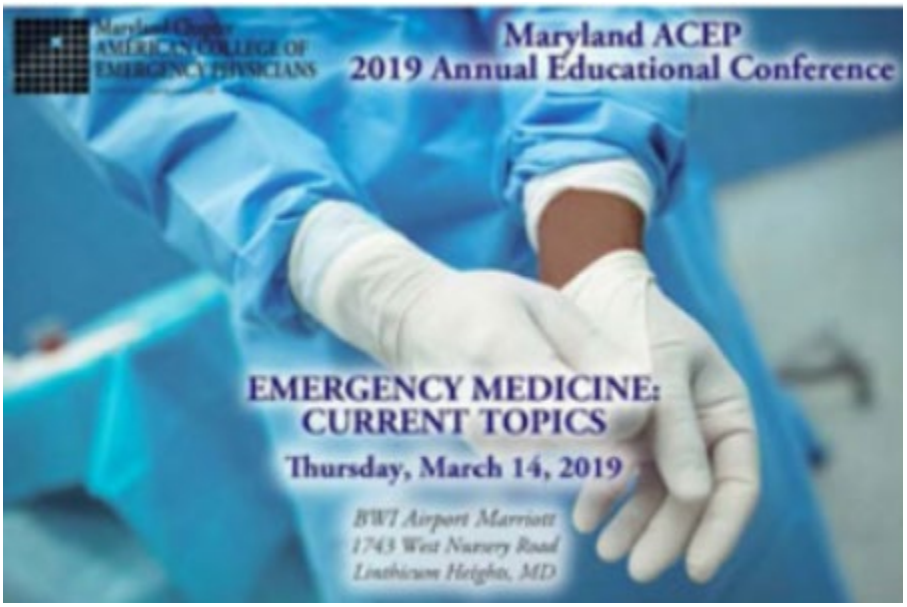
Scrubs Addressing the Firearm Epidemic (SAFE) is a national coalition of healthcare students and providers who are focused on pragmatic, evidence-based approaches to preventing gun violence, preparing clinicians to care for victims, and advocating for comprehensive research. This semester, PA, MPH, and MD students gathered to learn about the data on gun violence, policy, and interventions that exists and to assess where gaps in knowledge still endure. In the coming weeks and months, we plan to host sessions to build functional knowledge of firearms and responsible firearm ownership, clinical understanding and assessment of GSW victims in civilian and institutional settings, and principles of recovery and recuperation for survivors. While these are basic steps, they have the potential to lay a foundation for change.

Our future must be different. There is much soul searching our health systems and political structures have yet to undertake to properly care for the people they serve. From school shootings to suicide to peer violence, we know our country and our communities deserve better care than the current state of affairs. SAFE is a response to the gulf between where we are and where we want to be.

Upcoming Chapter Events



Member Opportunity - Educational Conference



Virginia ACEP will hold its Annual CME Conference on **February 22-24** at the Omni Homestead. If you would like more information about this educational event, please click **here**.

NEW FROM ACEP

New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

Information Papers:

- Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database
- Emergency Ultrasound Standard Reporting Guidelines
- Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine

Other Resources:

- Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention

Smart Phrases for Discharge Summaries:

- CT Scans for Minor Head Injuries
- MRI for Low Back Pain
- Sexually Transmitted Infection
- Why Narcotics Were Not Prescribed

Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

Sam Shahid, MBBS, MPH
Practice Management Manager, ACEP

ACEP would like to provide you with very brief synopses of the latest articles in ***Annals of Emergency Medicine***. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient

population.

Anderson TS, Thombley R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**
The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to "Medically Clear" Psychiatric Emergencies in the field, 2011-2016**
The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County's standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. **Full text available here**.

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**
The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. **Full text available here**.

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW,

DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**
This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion (≥10 units), but not in those who receive <10 units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**
The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.

Introducing BalancED

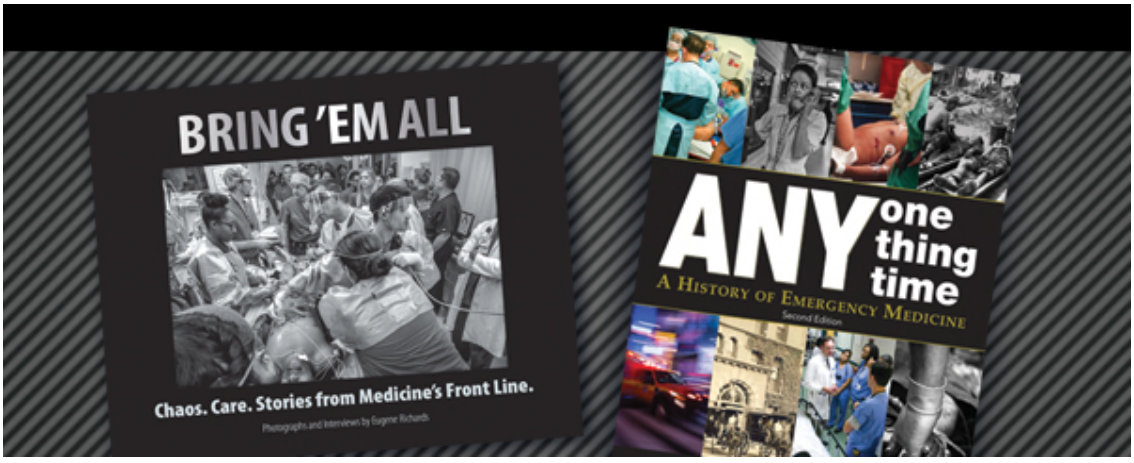
A new, **physicians-only wellness conference** where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website **www.emergencycareforyou.org**. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

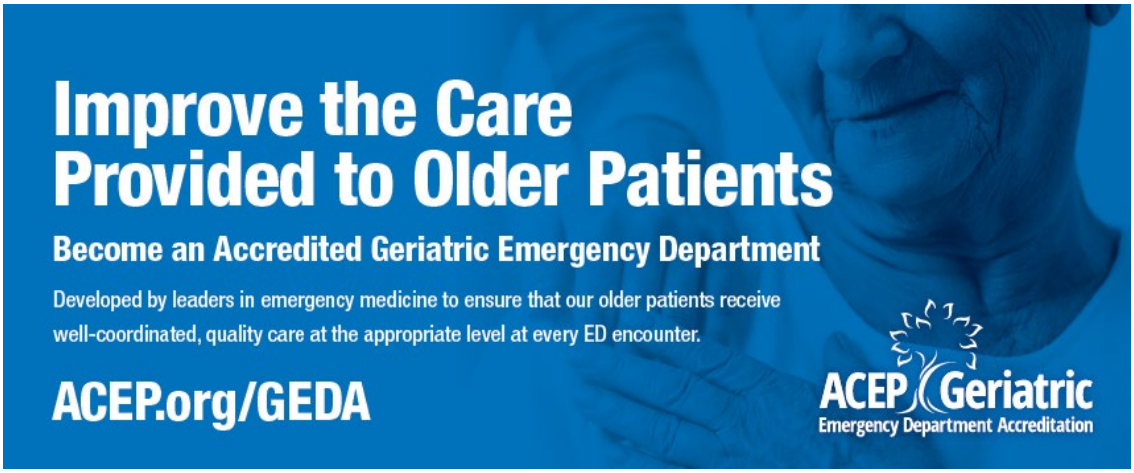
- **Cats, Dogs and Dander… Oh, My!**
- **Dear Patient: A Letter from Your Emergency Physician**
- **Your Summer Guide to Bug Bites & Skin Rashes**
- **Heat Stroke and Hot Cars**
- **Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety**

Contact **Steve Arnoff** to learn more about contributing to the ACEP Doc Blog.



ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! **Bring 'em All** and **Anyone, Anything, Anytime** available at **bookstore.acep.org**.



Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, **guidelines to improve ED care for older adults** have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the **Geriatric ED Accreditation Program (GEDA)** to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.

Free Medication-Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the **MAT Waiver Training Calendar**. For more information on PCSS, **click here**. For more information on MAT training, email **Sam Shahid**.

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated $100/hour for up to 10 hours a week
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email **Sam Shahid** for more information.

NEMPAC
National Emergency Medicine PAC

NEMPAC On Track to Reach Record Fundraising Goal

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and

patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than $350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier “Give-a-Shift” donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of $2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP’s ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than $2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the **full-length article** published in ACEP Now on October 3.

For more information about NEMPAC, visit **our website** or contact **Jeanne Slade**.

Welcome New Members

Razik Oumeddour, DO - Resident
Michelle A. Heitmann - Medical Student
Zuzana Sisperova - Medical Student
Grant M. Pahls, MD, - Resident
Desiree Albano - Medical Student
Daniel Spector - Medical Student
Jody Carson - Medical Student
Ali Rene Mitchell - Medical Student
Adam Steele Watkins - Medical Student

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